

United States Patent and Trademark Office  
- Sales Receipt -

02/01/2006 LLITTLE 00000003 502977 10773407  
Sale Ref: 00000003 DA#: 502977 10773407  
01 FC:1202 100.00 DA

**RECEIVED**  
**CENTRAL FAX CENTER**

**JAN 23 2006**

PTO/5B/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

I enter the Permanent Rejection Act of 1995 on notices are directed to respond in a rejection of information unless it discloses a valid claim under 35 U.S.C. 101.

Effective on 12/06/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

## FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** 1,810

### Complete if Known

|                      |                        |
|----------------------|------------------------|
| Application Number   | 10/773,407             |
| Filing Date          | 09/02/2004             |
| First Named Inventor | KUSEL, Heinz           |
| Examiner Name        | AVILA, Stephen P.      |
| Art Unit             | 3617                   |
| Attorney Docket No.  | 200300371US3 (1057961) |

### METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 502977 Deposit Account Name: Osler, Hoskin & Harcourt LLP  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-3038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | \$0            |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | \$0            |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | \$0            |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | \$0            |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | \$0            |

#### 2. EXCESS CLAIM FEES

| Fee Description   | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 (including Reissues)                               | 50       | 25                    |
| Each independent claim over 3 (including Reissues)                    | 200      | 100                   |
| Multiple dependent claims   | 360      | 180                   |
| <b>Total Claims</b>   |          |                       |
| - 20 or HP = 0 x \$0 = \$0  |          |                       |
| HP = highest number of total claims paid for, if greater than 20.     |          |                       |
| <b>Indep. Claims</b>  |          |                       |
| - 3 or HP = 0 x \$0 = \$0   |          |                       |
| HP = highest number of independent claims paid for, if greater than 3 |          |                       |
| <b>Multiple Dependent Claims</b>                                      |          |                       |
| Fee (\$)  | \$0      | \$0                   |
| Fees Paid (\$)  |          |                       |

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fees Paid (\$) |
|---|--------------|--|----------|----------------|
| 0 - 100 = 0 / 50 = 0.0 (round up to a whole number) x \$250 = \$0 |              |  |          |                |

#### 4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time (3-months), RCE

**\$1,810**

|                          |                           |                         |                  |
|--------------------------|---------------------------|-------------------------|------------------|
| <b>SUBMITTED BY</b>      |                           | <b>Registration No.</b> | <b>Telephone</b> |
| <b>Signature</b>         | <i>Jonathan D. Cutler</i> | 40,578                  | 514-904-5624     |
| <b>Name (Print/Type)</b> | Jonathan D. Cutler        | <b>Date</b>             | 01/23/2006       |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/773,407

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

|   |               |              |  |
|---|---------------|--------------|--|
| TOTAL CLAIMS  | 19            |              |  |
| FOR   | NUMBER FILED  | NUMBER EXTRA |  |
| TOTAL CHARGEABLE CLAIMS                                   | 19 minus 20 = | 0            |  |
| INDEPENDENT CLAIMS  | 1 minus 3 =   | 2            |  |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |  |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9=     |        | OR | XS18=     | —      |
| X43=      |        | OR | X86=      | —      |
| +145=     |        | OR | +290=     | —      |
| TOTAL     |        | OR | TOTAL 770 |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   | 19                               | Minus | 20                                 | 1             |
| Independent   | 1                                | Minus | 3                                  | 2             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   | 22                               | Minus | 20                                 | 2             |
| Independent   | 1                                | Minus | 3                                  | 2             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   |                                  | Minus |                                    |               |
| Independent   |                                  | Minus |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.